

2015 Strategic Sourcing Certificate Program Application

Applicant Name: Title:							
Agency: Secretariat:							
Work Address:							
Work Phone Number: ()	-	Email Address	s:				
Please Note: Registration is limited to 25 people. You will receive a confirmation e-mail from the instructor once your application has been approved. Emailing OSD your application does not automatically guarantee attendance.							
Section	Module 1	Module 2	Module 3	Module 4	Module 5	Snow Day	
Section #25:	Monday	Monday	Monday	Monday	Monday	Friday,	
Rooms 5 & 6 Department of Transportation, Boston, MA	October 26	November 2	November 9	November 16	November 23	December 4	
PREREQUISITE: All participants in	the SSCP are req	uired to take OS	D's "Essentials o	of State Procure	ment" class.		
	t the date:/ licate date you w operience working	ill be attending: g/conducting pro	curement and/o				
☐ Hearing Impaired	□ Mobility Impa		□ Vision Imp	paired	□ Other		
Accommodation:							
Statement of Commitment (Requ	uired)						
Please read and agree to the follo I agree to participate in OSD's Stra	-		n and to attend	all scheduled cla	sses.		
Applicant's Signature:			Dat	te:/			
Agency/CPO Supervisor Commitr	ment (Required)						
I support the participation of I will support the applicant as she				្ in OSD's Strateខ្	gic Sourcing Certi	ficate Program.	
Supervisor Name (PRINT):							
Supervisor Signature: Date:/							
Agency CPO/Supervisor Name (PF	RINT):						
Agency CPO/Supervisor Signature	::			Date: / /			

E-Mail completed application to: Christine Tello-Lorenz, OSD Training at christine.tello-lorenz@state.ma.us

Please note: The Strategic Sourcing Certificate Program consists of 5 one-day module courses. Once you are confirmed as a registered participant, you will be required to attend all modules to earn your certificate. Please ensure that your schedule allows for full day participation at ALL modules.